DHS/DMH Community Support Team (CST) Review Tool
FY12 Tool Changes

FY09 Version	FY12 Version
A. Rule Criteria	
A1. CST services shall occur during times and at locations that reasonably accommodate the client's needs for services in community locations and other natural settings and at hours that do not interfere with the client's work, educational and other community activities.	New item number **(4).** Scoring changed from 1-5 to either 1 or 5. Wording did not change. **Also added item (7)**: "Do the consumers know how to access staff after normal business hours?" This is scored as either a 1 or a 5.
A2. CST shall maintain a client-to-staff ratio of no more than 18 clients per full time equivalent staff.	**Not to be reviewed. Item covered by Certification review.**
A3. A minimum of 60% of all Community Support Team services must be delivered in natural settings and out of the provider's offices. This requirement will be monitored in the aggregate for a provider for an identified billing period, but will not be required for each individual client.	New item number **(5).** Scoring changed from 1-5 to either 1 or 5. Wording did not change. A data run will be given to liaison by the Training Coordinator prior to the review and the liaison will provide a copy to the Contract Manager at the review.
A4. Documentation shall demonstrate that more than one member of the team is actively engaged in the direct service to the individual.	New item number **(6).** Scoring changed from 1-5 to either 1 or 5. **Wording changed:** "Documentation shall demonstrate a variety of team members providing a variety of services according to the team member's expertise and based on the individual consumer needs".
A5. Members of CST meet eligibility criteria as outlined in Rule 132. Note: This item also included three subcomponents addressing eligibility criteria.	**Not to be reviewed. Item covered by authorization process.**
A6. There is a full-time team leader who is at least a QMHP and serves as the clinical and administrative supervisor of the team and also functions as a practicing clinician on the team.	New item number **(1).** Scoring changed from 1-5 to either 1 or 5. Wording did not change.
A7. There are no fewer than 3 full-time equivalent staff meeting the required team components (shall include the team leader, RSA or MHPs).	New item number **(2)**. Scoring changed from 1-5 to 1, 3, or 5. **Changed wording and focus.** "At least one member of the team is a person in recovery and this person is a fully integrated CST member".
A8. Team services consist of mental health rehabilitation services and supports to decrease hospitalization and crisis episodes and to increase community functioning in order for the client to achieve and maintain rehabilitative, resiliency and recovery goals. The service consists of therapeutic interventions delivered by a team that facilitates illness self-management, skill building, identification and use of natural supports, and use of community resources. (150.h.1)	New item number **(13).** Scoring changed from 1-5 to 1, 3, or 5. **Reworded and simplified**: The service consists of therapeutic interventions delivered by a team that facilitates: • Illness self-management • Skill building • Identification and use of natural supports • Use of community resources **Also added new item number (12):** "Does the treatment plan include goals/objectives to help the person build and make use of natural supports"?

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A9. Service Activities and Interventions shall include: A) Coordination and assistance with the identification of individual strengths, resources, preferences and choices; B) Assistance with the identification of existing natural supports for development of a natural support team; C) Assistance with the development of crisis management plans; D) Assisting with the identification of risk factors related to relapse and development of relapse prevention plans and strategies; E) Support and promotion of client self-advocacy and participation in decision making, treatment and treatment planning; F) Assisting the client to build a natural support team for treatment and recovery; G) Support and consultation to the client or his/her support system that is directed primarily to the well-being and benefit of the client; and H) Skill building in order to assist the client in the development of functional, interpersonal, family, coping and community living skills that are negatively impacted by the client's mental illness.	New item number **(11).** Scoring changed from 1-5 to either 1or 5. **Wording changed:** "In the past year, treatment planning and services were individualized and appropriate to the person's level of need".
A10. Team services and supports are available 24 hours per day and 7 days per week	New item number **(3).** Scoring changed from 1-5 to either 1 or 5. Wording did not change.
B. Contract Criteria	
B1. There is evidence that a crisis plan for each consumer on the CST was developed by the consumer with the assistance of the team	New item number **(10).** Scoring changed from 1-5 to either 1 or 5. **Wording changed:** "There is evidence that the crisis plan is used and modified as needed".
B2. Every consumer receiving CST is assessed by a LOCUS.	**New item numbers 15-21 added to tool**. Scoring is either a 1 or a 5. Look to see if the records support the LOCUS scores for each of the items.
B3. CST service is prior authorized as defined by Authorization Protocol.	**Not to be reviewed. Item covered by authorization process.**
C. Practice Improvement Criteria (Consumer/Family Participation)	
C1. Evidence of consumer (and family as applicable) active participation in the assessment process for CST.	New item numbers **(8 and 9).** Scoring changed from 1-5 to 1, 3, or 5.

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C2. There is evidence of respectful consumer (and family as applicable) active participation in the treatment planning process conducted by the CST. Example of Elements of a Consumer Driven Treatment Planning Process include: •Attention to Consumer Preference as evidenced by goals stated in the person's own words in the treatment plan or treatment plan update •Person first language in the treatment plan •Tx plan written as a recovery/resiliency plan that offers hope through use of positive achievable objectives that help the person reach recovery goals •Progress note reflect this interactive process	New item numbers **(8 and 9).** Scoring changed from 1-5 to 1, 3, or 5.
C3. The consumer (and family as applicable) actively contributes to the evaluation of services and outcomes in conjunction with the CST.	New item numbers **(8 and 9).** Scoring changed from 1-5 to 1, 3, or 5. **Note: Three items from FY09 were reworded and condensed into two items for FY12.** (8) "Describe how you involve consumers (and family) in assessment, treatment planning and service delivery". (9) "Describe how staff involve you and your family in assessment, treatment planning and service delivery"
C4. There is evidence that staff has provided education regarding voluntary consumer-driven (youth age consumer family-driven) crisis plan, optional Declaration for Mental Health Treatment (referred to as Advance Directives) and Declaration of Power of Attorney for Health Care, and elements of wellness planning (such as Copeland's WRAP or Kansas Univ. Pathways to Recovery) that go beyond the agency role and resources. The nature of this education reflects the current state of the individual's involvement with the CS Team and his/her own recovery/resiliency development. Basic Crisis Planning Elements: • Treatment choice options: name of support team including physician; signs/symptoms that individual is not feeling well and may need help; • individuals that consumer does not want involved; current medications, allergies, etc. Advance Directives • Declaration for MH Treatment and Declaration of Power Attorney for Health Care identifies the consumer's preference of medications, hospitals, use of ECT, use of seclusion/restraint, etc. More information available at www.gac.state.il.us/mhtp.html. Elements of Wellness Planning beyond the resources, role, and relationship with the Provider: a plan that includes peer support, respite care/alternative facility plans/alternative accommodations, home needs, mail, pets, bills and finances, job school, children, religious preferences and support, post crisis/discharge planning, notifications of key people, respite care for children.	New item number **(14).** Scoring changed from 1-5 to either 1 or 5. **Changed wording and focus:** "Does the discharge/transition plan change as symptoms change?"